

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 293978		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/10/2008	
NAME OF PROVIDER OR SUPPLIER SMITH VALLEY PHYSICIANS CLINIC				STREET ADDRESS, CITY, STATE, ZIP CODE 445 ST HWY 338 SMITH, NV 89430			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
J 000	INITIAL COMMENTS This Statement of Deficiencies was generated as the result of a Medicare recertification survey conducted in your facility on 9/10/08. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.			J 000			
J 022	<p>The following regulatory deficiencies were identified:</p> <p>491.6(b)(1) ELEMENT of STANDARD MAINTENANCE</p> <p>The clinic has a preventive maintenance program to ensure that all essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition.</p> <p>This ELEMENT is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide evidence that two pieces of patient care equipment had been inspected for safety.</p> <p>Findings include:</p> <p>An inspection of the external defibrillator and the portable electrocardiogram revealed they did not have tags of inspection for electrical safety. The Director of Patient Care Services agreed there was no evidence of a current inspection tag.</p>			J 022			
J 058	491.9(b)(4) ELEMENT of STANDARD PATIENT CARE POLICIES			J 058			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE				TITLE		(X6) DATE	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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J 058	Continued From page 1 The patient care policies are reviewed at least annually by the group of professional personnel which includes one or more physicians and one or more physician's assistants or nurse practitioners, and are reviewed as necessary by the clinic. This ELEMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to provide evidence that patient care policies had been reviewed annually. Findings include: Review of the policy and procedure manual revealed that the last review occurred in 2001. An interview with the Director of Patient Care Services revealed that the manual had not been reviewed on an annual basis.	J 058			
J 080	491.11(b)(2) ELEMENT of STANDARD EVALUATION REVIEW CRITERIA The evaluation includes review of a representative sample of both active and closed clinical records. This ELEMENT is not met as evidenced by: Based on record review and interview, it was determined the facility failed to review the clinic's health care policies as part of the annual program review. Findings include: Review of the minutes of the annual program review revealed there was no mention of review of the clinic's policies and procedures. The Director of Patient Care Services acknowledged	J 080			

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J 080	Continued From page 2 no review of policies had occurred.	J 080			